

Preventive Health and Health Services Block Grant (PHHSBG)

Advisory Committee Meeting

Wednesday, May 6, 2015

2:00 P.M. - 3:30 P.M.

Minutes

Members Present

Beverly Johnson, Executive Vice President, Volusia Flagler Family YMCA
Christina Harris, Bureau Chief, Florida Office of the Attorney General
Lilli Copp, Director, Florida Head Start State Collaboration Office
Michael Gervasi, Chief Executive Officer, Florida Community Health Centers, Inc.
Tami Miller, Executive Director, Florida Dental Hygiene Association
Arturo Lopez, Executive Director, Coalition of Florida Farmworker Organizations
Janiece Davis, Health Educator Consultant, Florida Department of Health in Palm Beach County
Belinda Johnson-Cornett, Administrator, Florida Department of Health in Osceola County
Ann Ashley-Gilbert, Medical Doctor, Altamonte Women's Center, P.A.
Karen Weller, Assistant Community Health Nursing Director, Florida Department of Health in Dade County

Department of Health (Central Office Staff) Present

Celeste Philip, Deputy Secretary for Health
Shannon Hughes, Acting Director, Division of Community Health Promotion
Trina Thompson, Administrative Director, Bureau of Chronic Disease Prevention
Julie Dudley, Health Education Program Manager, Bureau of Chronic Disease Prevention
Calandra Portalatin, PHHSBG Coordinator, Bureau of Chronic Disease Prevention
Daphne Holden, Community Health Improvement Manager, Bureau of Community Health Assessment
Sean Isaac, Fluoridation Project Administrator, Public Health Dental Program
Donna Solovan-Gleason, Program Administrator, Public Health Dental Program
Sharon Saulter, Environmental Health Specialist III, Bureau of Environmental Health
Gina Vallone-Hood, Environmental Administrator, Bureau of Environmental Health
Michele Mule, Section Administrator, Sexual Violence Prevention Program
Patricia Ryder, Director, Division of Public Health Statistics and Performance Management
Elvira Hanson, Government Operations Consultant II, Sexual Violence Prevention Program
Kelli Greene, Administrative Assistant II, Bureau of Chronic Disease Prevention

Members Absent

Christine (Chris) Abarca Assistant Director, Florida Department of Health in Volusia County
Lisa Portelli, Program Director, Winter Park Health Foundation
Fatima (Tina) Zayas, Health Educator Consultant, Florida Department of Health in Indian River County

Ms. Trina Thompson called the meeting to order and the group made brief introductions. Additionally, Ms. Trina Thompson chaired the meeting and was designated by the Deputy State Health Officer. Ms. Calandra Portalatin made a motion to approve the minutes from the last committee meeting on June 17, 2014. Minutes were approved. Ms. Portalatin provided a background of the Preventive Health and Health Services Block Grant (PHHSBG). The sexual violence prevention program is a federal set aside and is a required component of the grant, but the grant allows flexibility for states to spend the rest of the dollars to address statewide priorities with a general guideline of acting on Healthy People 2020 objectives. Florida has traditionally used these funds on chronic disease prevention and fluoridation projects, working through local health departments (LHDs). The states are managed by the Centers for Disease Control and Prevention's (CDC) Office for State, Tribal, Local and Territorial Support (OSTLTS) as of the 2014 fiscal year. Ms. Portalatin described the requirement of the grant to maintain and convene an Advisory Committee at least two times per year and to have a public hearing at least one time per year. (Additional information is included in the attached PowerPoint presentation).

Mr. Sean Isaac reviewed the fluoridation projects of the Public Health Dental Program. Funding for 2015-2016 Implementation Year is \$365,206.00. Mr. Isaac provided some background on fluoridation and how the PHHSBG works to make it accessible to communities. Community water fluoridation has been demonstrated to be the most cost-effective measure for preventing dental caries or tooth decay. The PHHSBG provides funding to assist communities throughout Florida to promote, implement, and maintain fluoridation. Communities that elect to add fluoride to their water may be provided funds through a financial agreement. Mr. Isaac stated that he educates communities of the benefits of fluoridation; how to obtain fluoridation funding; what the laws and regulations are regarding fluoridation; and how he works to mobilize partnerships by working with coalitions and by providing technical assistance. Successes of the program, from October 1, 2013 – September 30, 2014, include 16 communities pursued and received information on water fluoridation; 4 coalitions received technical assistance on fluoridating water systems and plants; 9 communities pursued the installation or reaffirmation of water fluoridation; 2 communities recognized for initiating water fluoridation; 1 community recognized for reaffirming water fluoridation; and 35 communities recognized for providing optimal year levels of water fluoridation. Current program objectives include increasing the proportion of Floridians served by community water systems that are optimally fluoridated by 0.5%; providing technical assistance and funding to partners for the promotion of water fluoridation and oral health to 15 of the largest 20 non-fluoridated community water systems in Florida; review 116 fluoridating community water systems in Florida for reporting compliance in accordance with Florida Administrative Code (a review of a sample of the reports to validate data); and provide technical assistance, information or funding to 3 non-fluoridating communities that have expressed an interest in attaining water fluoridation.

Ms. Elvira Hanson provided an overview of the Sexual Violence Prevention Program (SVPP), including an outline of how the Block Grant dollars are spent. The program utilizes \$420,382 of Block Grant funds to enter into contracts with nine certified rape crisis centers. These certified rape crisis centers provide primary victim services, including advocacy and accompaniment; crisis intervention and counseling; therapy; and support groups. The program also funds a data registry, a confidential internet-based system that collects information about sexual assault victims and services provided in Florida. Each primary victim is assigned a unique victim identification number to ensure accurate data collection. These contracts are effective through 9/30/15. Ms. Hanson discussed the program components of the SVPP. Ms. Hanson stated that provided statistics regarding sexual offenses and rapes in Florida. Current program objectives of

the SVPP include reducing the number of forcible sex offenses by 10 from the previous year; SVPP contract managers conducting at least one programmatic contract monitoring site visit per funded site per year; Rape Crisis Centers staff increasing the number of services provided to rape victims from 5688 to 5698; SVPP staff distributing professional development and educational opportunities to at least 30 rape crisis centers and stakeholders; Florida's certified rape crisis center staff and key stakeholders decreasing the number of forcible sex offenses from 10,145 to 10,135; SVPP contract managers analyzing nine PHHSBG-funded certified rape crisis center's data entered into the SVDR to ensure compliance with contract deliverables; and the SVPP focusing on funding entities that utilize the Green Dot strategy. The Green Dot strategy is a comprehensive approach to violence prevention that capitalizes on the power of peer and cultural influence across all levels of the socio-ecological model. It was also stated that the following outcomes will result (based on the aforementioned discussion):

- 100% of providers will utilize the evidence-based bystander intervention, Green Dot.
- The number of Green Dot certified trainers supported with the PHHSBG funds will increase from 0 to 10.
- The number of Green Dot individuals exposed to a Green Dot focus group, social marketing campaign, overview speech or bystander training supported with these funds will increase from 0 to 1,200.

The Committee posed a question regarding how reducing the number of victims by 10 was determined by the program. Ms. Hanson answered by stating that any reduction in victim numbers is good; and a reduction by 10 cases is a target number and a reachable goal. Mr. Lopez asked if there were any statistics on women working for contractors and growers; and if the data is workplace specific. Ms. Hanson answered that SASSP funding is specific for underserved populations.

Daphne Holden provided an overview of the current program objectives for the Bureau of Community Health Assessment. Funding for Implementation Year 2014-2015 is \$3,384,948.00; and funding for Implementation Year 2015-2016 is \$3,286,857.00. Dr. Holden also provided program updates regarding community health assessment and community health improvement planning as a community-led and community-owned process in collaboration with community partners. Community health assessment and community health improvement planning are core functions of public health; and the foundations for improving and promoting healthier Florida communities. The current objectives support the state goal of being accredited. A product of the objectives is a community health improvement plan (CHIP). Other updates include:

- 96% of county health departments (CHDs) or local health offices (LHOs) are implementing action plans to improve community health,
- CHDs/LHOs are reporting on partner participation with the improvement plan,
- PHHSBG current funding received by CHDs/LHOs will submit one deliverable that is an outcome of a community health improvement project,
- Healthiest Weight Florida is a big part of the improvement plan by creating public-private collaborations.

Successes of these plans are: Florida moved from the top 20 to the top 15 states with the healthiest weight; engaging with over 550 public and private organizations around the state; in 16 months, 20 innovative projects and interventions were launched, resulting in the improvement of 3 key health behaviors of high school students. Dr. Holden discussed the new objectives for the new year which include supporting the local health offices with implementation for their CHIPs; working with hospitals to be more breastfeeding friendly; and working with partners to increase physical activity and better nutrition around the state. Dr. Ryder commented

about having in person training and mentoring to help spend moneys properly and mapping communities so the underserved is reached.

Calandra Portalatin discussed program updates for chronic disease prevention projects/Healthiest Weight Florida activities; funding distribution; focus areas for the 2015-2016 fiscal year; and new work plan objectives for the Supporting Healthy Communities (SHC) Program of the PHHSBG. Ms. Portalatin discussed the strategies and activities of Healthiest Weight Florida; successes of Healthiest Weight Florida and other chronic disease prevention projects; funding distribution to local health offices for completing projects related to the Community Health Assessment/Community Health Improvement Planning, chronic disease prevention efforts related to community health improvement plans, etc. Additionally, Ms. Portalatin discussed, in detail, each SHC work plan objective (including the national health objective, state health objective, and impact/process objectives) for the 2014-2016 fiscal years of the PHHSBG. Calandra Portalatin allowed an opportunity for questions and comments to be made by the Committee regarding the SHC program and, more specifically, questions and comments regarding the new work plan objectives.

All work plan objectives, within each program of the PHHSBG, were approved. No recommendations were made.

Future dates for the Advisory Committee meetings are June 24, 2015 (for progress update and discussion of opportunities for collaboration); October, 2015 (for progress update and discussion of opportunities for collaboration); March, 2016 (for progress update, work plan review for 2016-2017 Implementation Year, etc.), discussion of opportunities for collaboration, and public comment.

The Public Hearing followed the Advisory Committee Meeting from 3:30 P.M. - 4:00 P.M. The Public Hearing was held as a forum for the public to ask questions and comment about the work plan for the PHHSBG; and to provide other comments or questions about the Preventive Health and Health Services Block Grant.